

CHAPTER OVERVIEW

In many areas young parents go home from the hospital with a newborn and little or no knowledge of practical infant care, such as bathing, feeding, etc. There are few resources for these young parents to turn to for help. Many do not know how to access those resources that are available. Children's Service Workers are called on in some cases to provide this information. This section is a brief guide on infant care.

The county health nurse is a valuable resource to consult for further information on infant care.

Prenatal Care

Regular prenatal care is of primary importance to assure a healthy birth. During pregnancy a woman should consult a physician immediately when she suspects she is pregnant. She should not smoke or use alcohol and/or other drugs. Any medication taken (prescription or over-the-counter) should be under the direction of the woman's physician.

Holding Baby

An infant's neck muscles are quite weak. Therefore, when holding an infant, a parent should remember to support the back and head with his/her arm and hand. The baby is usually unable to hold his or her head erect until about the third month of life. Handle the infant carefully, but try not to inhibit natural movement of arms or legs. **Never shake the baby.**

Sleep

Most newborns will sleep more than they are awake (as much as 18 to 22 hours a day). Babies who are receiving enough to eat and who do not have any problems digesting their food will more likely sleep between feedings, with only brief periods of wakefulness. Some infants, on the other hand, are awake for longer periods of time with no apparent problems. In either case, it is probably best to allow the child to determine the amount of sleep wanted and needed.

To establish some sort of routine, it may be helpful to put the child to sleep after each feeding. To prevent breathing vomitus, babies should sleep on their side after feedings in case of spit up or vomiting during sleep. Allowing a baby to sleep on their stomach had been found to increase the chance of SIDS (Sudden Infant Death Syndrome) and should be avoided. The baby's periods of wakefulness will usually occur around the same time each day, often in the late afternoon. By the end of the first year, most babies have learned to sleep through the night, although they remain early risers and take two naps per day. During the following year, they usually give up one of these daytime naps.

Most babies seem to be more comfortable on their stomachs if they are having gas pains; however, a parent should not leave a child unattended in this position due to the increased risk of SIDS. It is usually a good idea to change the baby's sleeping position from time to time to ensure the baby's comfort while preventing one side of the head from becoming flattened. A parent should check on the infant periodically as he/she sleeps, making sure that nothing interferes with breathing. Try not to disturb a sleeping child with bright lights or unnecessarily loud noises.

Exercise, Air and Sunlight

A baby should be encouraged to exercise his or her arms and legs freely. Parents will find that their baby may be particularly active during bathing and at changing time. Clothing and bed coverings should not be overly tight, so as not to restrict movement or provoke heat rash. Babies should play in large open floor space on their tummy and back to strengthen the neck, trunk, arms, and legs prior to crawling. The parent can provide a large blanket or soft rug for this purpose.

Between seven and ten months of age, the infant will begin to crawl. This is an important preliminary exercise that further strengthens back muscles while preparing for baby's first steps.

A baby will enjoy being taken outdoors. A parent should do so whenever they have the chance and the weather permits. Exposure to fresh air can be of great benefit to babies by improving their appetites and helping them adapt to temperature changes. Parents should try to spend part of each day outdoors with their child. Sunshine in moderate amounts is also healthful because it provides the baby with the essential vitamin D. Sunscreen should be applied and exposure to the sun should be gradual, since excessive amounts can cause sunburn. The baby's eyes should be shielded from direct sunlight. If the baby is exposed to the sun for any length of time, the head should be covered.

Bathing Baby

A parent may give their newborn his or her first daily sponge bath when a few days old. It is best to bathe a very young infant at a time when the baby is content; a hungry child may become overly upset during bathing. As the baby grows older and becomes more active, a parent may switch the bathtime to the late afternoon. **Never leave the baby alone in the bath.** Be sure the room in which the baby is bathed is warm and free from drafts. Hands and fingernails should be washed thoroughly before giving the baby a bath. A parent may want to have an extra towel on hand to keep themselves dry.

The following items should be ready:

- Basin of warm (not hot) water;
- Large bath towel;

- Soft washcloth;
- Mild baby soap;
- Baby shampoo (if desired);
- Sterile cotton balls or swabs;
- Baby lotion or oil;
- Clean diaper or clothing; and
- Large safety pins or diaper pins, if using cloth diapers.

Sponge Bath

A sponge bath may be preferable to tub bathing during the baby's first few weeks. This time allows for the healing of the baby's navel, which at birth may have the remains of the umbilical cord attached to it. Within the first few weeks following birth any remnant of the cord will wither and become detached. The navel will be raw and tender and should consequently be kept as dry as possible to encourage scab formation and healing. The parent can apply alcohol (with a cotton ball) onto the umbilical cord to help dry it up and promote healing. Complete healing usually takes a few weeks.

The sponge bath will also give the parent the confidence needed to handle and maneuver the baby comfortably and effectively. Place the infant on a table covered with a large towel or pad. **Never leave baby alone on a table or high surface.** Remove all clothing and diaper and cleanse the genital area carefully. If the baby boy is circumcised, his penis should be protected with petroleum jelly and a gauze bandage until the wound has completely healed (usually within a week or two).

Cover the baby with a large towel. Clean the nose and outer ears with dampened cotton balls or swabs, never inserting the tips farther than one can see. Wash the face with a soft cloth and clear water. Use separate washcloths for the face and bottom or wash the face first. Avoid using soap on a baby's face for the first three months. Wipe each eyelid with sterilized cotton, moving from the inside corner outwards. Clean the outside of the mouth thoroughly but avoid washing the inside. Pat the face dry.

With an arm under the baby's back and a hand supporting the head, a parent can wash the scalp using very mild soap and water or baby shampoo. Lather his or her head using gentle circular motions. The head should be held back to prevent soap and water from dripping down the face or into the eyes. Rinse the baby's scalp with clear water.

Tub Bath

Giving an infant a tub bath can be quite an adventure for a new parent. The doctor will advise a parent as to when they may begin tub bathing the child.

The bath can be given in a basin, tub, baby bath, or even the kitchen sink. Have available all the necessary articles that were required for a sponge bath. Fill the tub or basin with about three inches (8 cm) of warm water. Test its temperature using your elbow to make sure it is not too hot. A rubber mat or towel may be placed on the bottom of the tub to prevent the baby from slipping. **Never leave a child alone in the tub for any amount of time.**

At first, a parent may want to wash the baby's face and head as done during a sponge bath. Then lower the baby into the tub, supporting head and back with one arm and buttocks with the other. As a parent gains experience, or when the infant is old enough to sit up, it may be simpler to wash face and scalp while baby sits in the tub. Soap and rinse the front of the body thoroughly, all the while supporting the back firmly, then shifting baby's weight forward and providing support under the chin with one hand, a parent can wash and rinse baby's back. Pay special attention to the creases and folds of the skin.

When finished, lift the baby carefully onto a table, again supporting head and back with one hand and buttocks with the other. Dry the infant thoroughly and apply baby lotion to those parts of the body most subject to chafing and irritation, especially thighs and buttocks.

As the baby gets older, he/she may enjoy playful times at bath, such as gentle patting of water, bath toys, etc.

Diapering and Diapers

Diapers should be changed when wet or soiled to prevent skin rashes. You may find that changing a baby just before or after each feeding will probably be sufficient for comfort and prevention of diaper rash. Some babies have particularly sensitive skin and may require more frequent changes.

Place baby on a towel and remove the diaper. Using warm water, wash the genital area gently from front to back (especially important for girls, but also for boys around the foreskin or circumcised area), then pat dry with a towel. If the baby has had a bowel movement, fold the soiled portion of the diaper under and wipe the buttocks with cotton or toilet tissue. The baby's buttocks should then be washed with mild soap and water, rinsed and patted dry. A parent can apply lotion or oil to the area with cotton, being attentive to skin folds and creases.

Hold baby's ankles between the thumb and middle finger (with the index finger between the ankles), raise the hips and slide a clean, folded diaper underneath. Then pull the diaper between baby's legs and pin it (or tape as in the case of disposable diapers) on each side. Use plastic pants on the outside of cotton diapers.

Dressing

Dressing a baby is not the easiest job in the world. Most infants, when being changed, will attempt to roll over, twist around or put up some sort of struggle. It may be helpful to provide distraction with a favorite plaything while you dress baby, using this time as a play period. The parent may also place pictures in the dressing area for this purpose.

Body Temperature

A baby's body temperature varies with the time of day (lower in the early morning and higher in late afternoon) and with the amount of activity (higher after morning exercise). A healthy baby's rectal temperature may range between 99.5 degrees and 100.1 degrees F (37.5 degrees and 37.8 degrees C). A rectal temperature of over 100.1 degrees F (37.8 degrees C) is usually abnormal and should be reported to the doctor. Whenever a baby is extraordinarily restless or fretful, it may be an indication of illness and a parent may want to take baby's temperature.

Rectal temperature is an accurate measure of the baby's body temperature. The thermometer should always be shaken down before use so that the mercury reads well below the "normal" point. For easier insertion, coat the bulb of the thermometer with petroleum jelly or cold cream.

Perhaps the most comfortable position for both parent and baby when taking rectal temperature is to hold the infant on his or her stomach across the parent's lap, allowing the legs to hang freely. This position permits easy access to the rectum, while making it more difficult for the baby to squirm or kick. Gently insert the bulb of the thermometer about an inch (2 to 3 cm) into the baby's rectum. Do not hold the top too stiffly, since any movement by the baby may cause some discomfort. It may be better to hold the thermometer between two fingers as the parent lays the palm of their hand across the child's buttocks. Don't leave the baby alone with the thermometer inserted.

It is preferable to keep the thermometer in for two to three minutes to be sure of an accurate reading. However, one minute is usually sufficient. The mercury will stay at the maximum level unless shaken down, so a parent may place the thermometer aside to diaper the baby and then read the temperature when the hands are free. The thermometer should be cleaned with rubbing alcohol.

Crying

During a baby's early months, crying is usually a sign of hunger, discomfort or fatigue. Once baby has fallen into a fairly regular feeding schedule, the parent will be better able to know why crying occurs at any given time. Cries of hunger usually occur just before feeding time. In such instances, feeding will quiet the baby.

Often, however, the baby may fret or cry between feeding for no apparent reason. If crying is limited to one particular period of the day (most often in the late afternoon), it probably indicates fatigue. A tired baby who has been over stimulated during the day

may find it impossible to fall asleep without first experiencing a period of fussing. However, when periods of crying are irregular and occur throughout the day or night, it may be a sign of colic. Usually holding baby on his or her stomach while the parent rubs the back gently can relieve the gas pains and discomfort associated with colic.

No matter what the cause, no child should be left to cry unattended for long periods of time. Crying is the only way a small infant has of communicating that something is wrong. A crying baby is in discomfort. The answer may be as simple as changing a wet or soiled diaper or finding a safety pin that has been pricking the skin. A young infant needs a parent's love and attention. Holding a crying child provides a sense of warmth and physical closeness. Crying infants also tend to be calmed by gentle rocking motion, rhythmic sounds such as the parent's heartbeat or singing, and closer wrapping of their bedclothes. If all the parent's efforts to soothe the baby fail, crying may be a sign of illness. Take baby's temperature, and if fever is present, call the doctor. **Never shake a child.**

Weight

There is no "normal" or fixed rate at which a baby should gain weight. Weight gain varies considerably from infant to infant. Most babies regulate their weight gain by eating only what they want and no more. In this way, each child will grow at a pace that he or she chooses.

To keep track of growth, a parent may want to weigh baby each week. A healthy baby will usually gain four to seven ounces (100 to 200 grams) each week, with some fluctuation to be expected. By the fifth month, most babies will have doubled their birth weight. After this time, however, growth begins to slow. A parent may also wish to measure baby's length about once a month. Significant weight loss, along with any feeding problems, should be reported to the doctor.

Teething

A parent may notice the appearance of their child's first tooth (usually a lower front incisor) at about six months of age. However, it is quite normal for children to begin teething as early as three or four months or as late as one year. A child will experience some discomfort when teething and consequently may be cranky or restless. He or she may also have difficulty sleeping through the night or experience a temporary loss of appetite. A rubber teething ring or other suitable object to chew on may help to relieve sore gums. Parents should not assume that fever or diarrhea are merely a result of teething. Any unusual symptoms should always be reported promptly to the doctor.

Feeding Baby

Breast-feeding is the most natural way of feeding baby, and many women find it simpler and far more satisfying than bottle feeding. However, it must be learned by doing, a book or printed page can help in only few ways.

- Should a mother breast-feed? Yes, if she thinks it will be comfortable and convenient for her. No, if she has any strong objections to the idea. Modern infant formulas and bottle-feeding are convenient and safe as a substitute for breast-feeding. Human milk is probably a little better; especially if members of the family have been allergic to cow's milk. Otherwise there is really no strong medical, psychological or economic reason for choosing either breast-feeding or bottle feeding, so the choice can be made according to the mother's own preferences.
- A mother should find someone experienced and sympathetic to teach her about breast-feeding. Other mothers who have breast-fed their babies and enjoyed it can give excellent help. In some communities such mothers have organized into groups to help new mothers with breast-feeding. The hospital or public health nurse, the doctor, or other mothers may know of such groups.
- Mothers should not blame themselves, or let others blame their milk, for all the ups and downs of the breast-fed infant. Babies fuss, spit up, cry, and have unusual bowel movements no matter how they are fed.
- How often to feed: Feed the baby when he/she seems hungry. Most babies will pass into a pattern of six or seven feedings about three to five hours apart. If the baby is more irregular than this, a mother can get him on a more regular schedule by waking him a little early or by letting him be hungry a little longer. It is easier and better to get a regular schedule by working from the baby's own schedule than by just deciding he will be fed at certain times whether he is hungry or not.

After the first several weeks, most babies will begin to sleep through one of their feedings. Most parents prefer the baby to skip the night feeding rather than a daytime feeding. If baby chooses to give up the wrong feeding, wake him/her and feed at the usual time so that he/she will, hopefully, give up one of the night feedings.

- How Much to Feed: If breast-feeding, a mother does not have to worry about how much to feed, baby decides. Most mothers who are breast-feeding worry at some time about whether they have enough milk. Actually, too little milk is extremely rare. The best reassurance is the baby's normal activity and growth. Another way for mothers to reassure themselves is to offer baby a bottle of formula just after he/she has finished nursing. If baby is still hungry, he/she will take several ounces and take them in a hurry. If baby doesn't, the mother can be sure that her milk is satisfying baby.

Most babies, after the first few days, take two to three ounces of milk per day for each pound of body weight. Most babies want to have six or seven feedings per day. For a seven pound baby, this would mean 14 to 21 ounces of formula a day, or two and one-half to three and one-half ounces in each of

six or seven feedings. A parent might begin by offering three ounces in each bottle. When baby begins to empty the bottle completely at two or three feedings each day, add one-half ounce to the bottle at each feeding. Stay a little ahead of baby and let baby decide how fast he wants to increase the intake of formula. If baby takes much more or less than two to three ounces per pound, per day, discuss the baby's feeding with a nurse or doctor. There is no need to worry about how much he/she has taken at a single feeding; most babies will have times when they are not hungry and other times when they take more than expected.

Spitting Up

Most babies spit up some of their milk after many of their feedings. The milk seems to overflow from the baby's mouth. It is often curdled from the normal action of the stomach. The problem is more of worry and messiness than of health. Babies who spit up a great deal grow as fast and as strong as those who do not.

There are several tricks to reduce the amount of spitting up. But none of them works all the time and most babies will continue some spitting up even when all the tricks are used.

- Burp the baby carefully mid-way through the feeding. At the end of the feeding, and a few minutes after the feeding.
- Prop the baby in an infant seat or cradle with the head a few inches above the stomach for 10 or 15 minutes after each feeding.
- Try feeding a cold formula directly from the refrigerator.

Immunizations and Health Checkups

Refer to Reference Chapter 9 - Nutrition, Health, and Development, pages 6 through 8, for a guide to infant immunizations and a schedule for health checkups.

Protecting Baby

Birth to six months

The baby needs full-time protection. Accidents tend to occur more often as the ability to roll over, crawl, and grasp increases with age.

Burns: Check the bath water with the elbow to prevent scalding. Do not drink hot liquids with baby in the lap, and keep them out of reach.

Falls: The baby's bed and playpen are the only safe places for the baby to be alone. Be certain that the spaces between the crib bars are 2-3/8" or less and the crib sides are

secure. Mesh playpens are safer. Never leave baby unattended on a changing table. Use safety strap. Have diaper in hand before changing the baby.

Toys: Toys should be too large to swallow, too tough to break, and should have no sharp points or edges. Rounded toys of smooth wood or plastic are safe.

Small and Sharp Objects: Keep pins, buttons, beads, and other small or sharp objects out of the baby's reach. Use diaper safety pins with plastic shields.

Smothering: Plastic bags, long toy telephone cords, harnesses, looped cords on blinds or curtains, and soft pillows can smother or strangle. Do not use cribs and gates that would allow the baby to put his/her head through the "bars." A good test for this is to pass a can of soda through the bars. If the can goes through, the bars are too far apart. Remove crib gyms and bumpers when baby can get up on his/her knees to prevent strangulation and entrapment. A firm crib mattress and a loose warm covering for a sleeping baby are the safest. Keep crib and playpen away from venetian blind cords. Do not let baby chew or suck on a balloon.

Auto Travel: Safe restraint in the family car is a must. Use an approved infant carrier according to the manufacturer's instructions. Do not hold baby on parent's lap in the front seat.

Seven to Twelve Months

Babies now crawl, sit, stand, and may begin to walk. They put everything in their mouths. Babies need protection so they can explore in a safe environment.

Drowning: **Don't leave the baby alone in the bath for any reason.** It takes only seconds for an infant to risk drowning.

Toys: Toys should be washable, unbreakable, and too large to swallow, and have no points or sharp edges.

The Kitchen - A High Risk Area: Hot liquids, hot foods, electric cords on irons, toasters and coffeepots should be kept out of reach. Avoid using tablecloths, which can be pulled down. Keep bleach, cleaning, and polishing agents on a high shelf.

Poisons: Medicines and poisons should be kept out of sight and out of reach. Do not store lye products in the house. Keep all hazardous products in their original containers. Use child-safe packaging for all medications. Keep a one-ounce bottle of Syrup of Ipecac in the medicine cabinet for use in an emergency.

Strangulation and Suffocation: Do not put necklaces or pacifier cords around the baby's neck. Do not place the baby's crib near looped curtain or blind cords. Do not allow the baby to play with small objects, which can be swallowed. Do not give the baby large pieces of food which may cause strangulation or suffocation.

Falls: Use gates for stairways, but be careful with folding gates as the baby's neck can get caught in the "v," causing strangulation. Lower the crib mattress as the infant begins to sit or stand. Remove crib gyms and substitute with stuffed animals and smaller toys.

Burns: Place guards in front of open heaters and fireplaces, around steam radiators, hot air registers, and floor furnaces. Buy only flame-retardant sleepwear. Check water temperature with the elbow. Water faucets should be turned off when the baby is in the bath. Temperature regulator on hot water heater should be set no higher than 120 degrees Fahrenheit. Take care to keep household items such as curling irons and steam vaporizers out of baby's reach.

Dangerous Objects: Use safety plugs in wall sockets. Keep scissors, knives, and breakable objects out of reach. Remove sharp-edged furniture from the infant's play area.

Automobile Travel: Use a child restraint system that has been proven safe with dynamic testing. Do not hold infants or children on the lap or allow them to ride in the car unrestrained. Child safety seats are usually meant to be installed in the rear seat. **Be sure to carefully read and follow all installation directions and directions for use of the child safety seat.**

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Sources:

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